

EPI Update for Friday, April 8, 2016
Center for Acute Disease Epidemiology (CADE)
Iowa Department of Public Health (IDPH)

Items for this week's EPI Update include:

- **Exclusion recommendations for *Shigella* and *E. coli***
- **Long-term antibiotic therapy is ineffective for persistent Lyme**
- **Resources for addiction to heroin and other opioids**
- **Meeting announcements and training opportunities**

Exclusion recommendations for *Shigella* and *E. coli*

Several types of pathogenic *E. coli* - including Shiga toxin-producing *E. coli* (STEC) – cause symptoms of bloody or non-bloody diarrhea, abdominal cramps, nausea, and vomiting, and in severe cases, hemolytic uremic syndrome (HUS). *Shigella* causes severe diarrhea accompanied by fever, nausea, cramps, and sometimes vomiting. Like *E. coli*, *Shigella* can cause HUS and other complications, including intestinal perforation.

Both *E. coli* and *Shigella* are spread via food or water that has been contaminated with the stool of infected people (or animals, for *E. coli*). Persons are infectious while they excrete the pathogen and about one-third of children with STEC may carry the bacteria for up to three weeks. These pathogens easily spread among household members and from certain people such as child care attendees and workers, and those who work in food handling and health care.

Thus, food handlers, health care workers, and those working in or attending child care, who have pathogenic *E. coli* or *Shigella* infection, should have two consecutive negative stool cultures before returning to work or child care. (These specimens should be taken at least 24 hours apart and at least 48 hours after completing antibiotics). The only exception is when children who have had *Shigella* are returning to child care; in these cases, only one negative stool culture is needed. Contact IDPH for questions about clearing persons for work or child care.

For more information, visit wiki.idph.iowa.gov/epimanual/Home/CategoryID/75, wiki.idph.iowa.gov/epimanual/Home/CategoryID/111#tab292, www.cdc.gov/ecoli/ and www.cdc.gov/shigella/index.html.

Long-term antibiotic therapy is ineffective for persistent Lyme

Recently, a study found that patients with persistent symptoms from Lyme disease and treated with long-term antibiotic treatment did not have any additional benefits beyond those from shorter-term treatment. The study tested two different 12-week antibiotic regimens (doxycycline and clarithromycin), neither of which was shown to be effective in reducing persistent symptoms when compared with those who received placebo. All three groups were given a 14-day course of intravenous ceftriaxone treatment for acute disease followed by the placebo, doxycycline or clarithromycin regimen for persistent symptoms.

For more information, visit www.nejm.org/doi/full/10.1056/NEJMoa1505425 or www.cdc.gov/lyme/postLDS/index.html.

Resources for addiction to heroin and other opioids

Addiction to and overdoses from heroin and other opioids has become an urgent national health issue, and for Iowa as well. While the majority of substance use disorders in Iowa are due to alcohol, inappropriate use of prescription drug and heroin use are growing problems:

- In the last decade in Iowa, accidental overdose deaths due to heroin and other opioids have increased by more than 400 percent.
- Iowa has a shortage of physicians offering Medication Assisted Treatment (MAT) services. (MAT is a combination of behavioral counseling approaches and medications such as Naltrexone, Methadone, and Buprenorphine, which is significantly more effective treatment than either one alone.)
- Iowa currently has approximately 31 physicians with Drug Addiction Treatment Act of 2000 waivers, resulting in about one physician per 100,000 Iowans. With current federal limitations on the number of patients one physician can treat (30 in year one of certification – 100 per year beyond year one), increasing the number of medical professionals offering this treatment is imperative.
- CDC's new *Guidelines for Prescribing Opioids for Chronic Pain* can assist medical professionals on responsible prescribing practices.

Free webinars are available in April:

events.r20.constantcontact.com/register/event?oeidk=a07ec87ice8b85046b2&llr=c9shxsbab
and attendee.gotowebinar.com/register/7324553212475045124

Meeting announcements and training opportunities

None

Have a healthy and happy week!

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